

**DECLARATION FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHEMOKINE RECEPTOR ANTAGONISTS AS THERAPEUTIC AGENTS

the application of which: _____ is attached hereto.
_____ ☒ filed in the United States Patent and Trademark Office on
September 11, 2003 and assigned Serial Number 10/660,131
and was amended on _____ (if applicable).
_____ was described and claimed in PCT International Application No.
_____ filed on _____ and amended
under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim priority benefits under Title 35, United States Code, § 119 of any foreign and/or provisional application(s) for patent or inventor's certificate listed below, or of any PCT International application(s) designating at least one country other than the United States of America listed below, and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PROVISIONAL APPLICATION(S)

Country	Application Number	Filing Date (Day/Month/Year)	Priority Claimed Under 35 USC § 119
USA	60/409,804	9/11/02	Yes <input checked="" type="checkbox"/> No _____
			Yes _____ No _____
			Yes _____ No _____

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below or any PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATION(S)

Application Serial Number	U.S. Filing Date (day/month/year)	Status (patented, pending or abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

[Total Number of Inventors 3]

Inventor (full name) : David H. Munn

Inventor's Signature : 

Date : 12.4.83

Residence : 967 Meigs Street

Augusta, GA 30904

Citizenship: : USA

Post Office Address : 967 Meigs Street

Augusta, GA 30904

Inventor (full name) : Andrew L. Mellor

Inventor's Signature : _____

Date : _____

Residence : 480 Falcon Drive

Martinez, GA 30907

Citizenship: : USA

Post Office Address : 480 Falcon Drive

Martinez, GA 30907

Inventor (full name) : Stephen C. Peiper

Inventor's Signature : _____

Date : _____

Residence : One Seventh Street, #803

Augusta, GA 30901

Citizenship: : USA

Post Office Address : One Seventh Street, #803

Augusta, GA 30901

As a below named inventor, I hereby declare that:

CHEMOKINE RECEPTOR ANTAGONISTS AS THERAPEUTIC AGENTS

Page 1 of 2

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Inventor's Signature : _____

Date : _____

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Augusta, GA 30904

Citizenship: : USA

Post Office Address : 967 Meigs Street

Augusta, GA 30904

Inventor (full name) : Andrew L. Mellor

Inventor's Signature : Andrew L. Mellor

Date : December 4th 2003

Residence : ~~180 Falcon Drive~~ 2021 Autumn Chase

Martinez, GA 30907

Citizenship: : USA

Post Office Address : ~~180 Falcon Drive~~ 2021 Autumn Chase

Martinez, GA 30907

Inventor (full name) : Stephen C. Peiper

Inventor's Signature : _____

Date : _____

Residence : One Seventh Street, #803

Augusta, GA 30901

Citizenship: : USA

Post Office Address : One Seventh Street, #803

Augusta, GA 30901



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			Yes _____ No _____
			Yes _____ No _____

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[Total Number of Inventors 3]

Inventor (full name) : David H. Munn

Inventor's Signature : _____

Date : _____

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Augusta, GA 30904

Citizenship: : USA

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Augusta, GA 30904

Inventor (full name) : Andrew L. Mellor

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Date : _____

Residence : 480 Falcon Drive

Martinez, GA 30907

Citizenship: : USA

Post Office Address : 480 Falcon Drive

Martinez, GA 30907

Inventor (full name) : Stephen C. Peiper

Inventor's Signature : Stephen C. Peiper

Date : 12/19/03

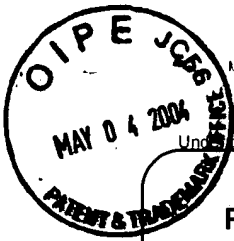
Residence : One Seventh Street, #803

Augusta, GA 30901

Citizenship: : USA

Post Office Address : One Seventh Street, #803

Augusta, GA 30901



**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/660,131
Filing Date	September 11, 2003
First Named Inventor	David H. Munn, et al.
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	M0351/287806

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Cynthia B. Rothschild	40,040
Charles W. Calkins	31,814
Samuel B. Rollins	52,108
John M. Harrington	25,592

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Cynthia B. Rothschild				
Address	1001 West Fourth Street				
Address	1001 West Fourth Street				
City	Winston-Salem	State	NC	ZIP	207101
Country	USA				
Telephone	336/724-7541	Fax	336/734-2610		

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Betty Aldridge				
Signature	<i>Betty Aldridge</i>				
Date	1/2/04	Telephone	706/721-9525		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: David H. Munn, et al.Application No./Patent No.: 10,660,131Filed/Issue Date: September 11, 2003Entitled: Chemokine Receptor Antagonists as Therapeutic AgentsMedical College of Georgia Research Institute, Inc., a public body corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title, and interest

The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame X, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____

To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____

To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____

To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

Date

(706) 721-9525

Telephone Number

Betty Aldridge

Typed or printed name

Signature

Executive Director

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.